

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32370

FILED
Jan 19, 2005
Secretary of State

Entity Name: BROWARD EAR, NOSE, THROAT & ALLERGY, P.A.

Current Principal Place of Business:

4101 NW 4TH STREET 100
PLANTATION, FL 33317

New Principal Place of Business:

4101 NW 4TH STREET
100
PLANTATION, FL 33317

Current Mailing Address:

4101 NW 4TH STREET 100
PLANTATION, FL 33317

New Mailing Address:

4101 NW 4TH STREET
100
PLANTATION, FL 33317

FEI Number: 65-0070880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE KEENAN CPA
13450 W SUNRISE BLVD
STE 150
FORT LAUDERDALE, FL 33323 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURNS, LAWRENCE S.,
Address: 4101 NW 4TH ST
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE S, BURNS

D

01/19/2005

Electronic Signature of Signing Officer or Director

Date